

VOLUNTEER APPLICATION

APPLICANT PERSONAL INFORMATION									
Name									
Home Address									
Date of Birth									
Email				Phone		Home			
				("X"		Work			
				preferred)		Cell			
Region (mark with "X")		Live	Work						
	Stormont								
	Dundas								
	Glengarry								
	Cornwall								
	Akwesasne								

CONSENT INFORMATION					
Do you own CSA approved footwear?					
YES	NO				
Do you hold valid First-Aid Certification?					
YES	NO				
Do you understand that you must wear full length pants on a Habitat Build Site?					
YES	NO				
Have you completed the necessary safety training provided by Habitat Cornwall?					
YES	NO				

Do you have a of?	any medical information/allergies/disabi	lities, etc you	ı would	like u	s to be aware		
EMERGENC	Y CONTACT INFORMATION						
Name							
Relationship							
		Phone	Hoi	me			
Email		("X"	Wo	ork			
		preferred)	Cel	il			
Certain volunteer positions have some risk. While Habitat for Humanity Cornwall & The Counties strives to reduce these risks, they can never be completely eliminated. In consideration of Habitat for Humanity Cornwall & The Counties accepting this application, the undersigned – on my own behalf and the behalf of heirs, executors, administrators and assigns – hereby releases Habitat for Humanity Cornwall & The Counties, its directors, employees, volunteers and agents from any and all claims, demands, damages, actions or causes of action and waives any and all claims that I may have in the future arising out of or consequent of any loss, injury or damage which may have arisen by reason of my involvement as a volunteer or otherwise. Photo Release I authorize Habitat for Humanity Cornwall & The Counties to use my photo for promotional and public relations purposes. Without limiting the generality of the foregoing, I further release any recourse, which I may now or hereafter have, resulting from any decision of Habitat for Humanity Cornwall & The Counties.							
Agreement I have read, understood and agree to the terms of this Consent and Waiver Form. Furthermore, I understand it all.							
Signature: _		Date	ə:				

Are there any medications you believe we or emergency personnel should be aware? If yes,

HEALTH AND SAFETY

please note them here: